



Cobb County Business License Division

Mailing Address : P.O. Box 649

Marietta, GA 30061-0649

Office Location: 1150 Powder Springs Street, Suite 400

Marietta, Georgia 30064

Phone (770) 528-8410 Fax (770) 528-8414

Web site Address - www.cobbcounty.org

Email address: businesslicense@cobbcounty.org

Attorney Occupation Tax Form

Payment must be filed with this form to pay Occupation Tax. You will not be billed.

See our website at cobbcounty.org for further instructions.

This Business is: ☐ New Application
☐ Ownership Change / Date ownership changed _____
☐ I am filing a name/or address change for # _____

Is this business located: ☐ Outside Cobb ☐ In Unincorporated Cobb ☐ Inside a City

1. Name Doing Business As _____ Business Phone # () _____

2. Name of Corporation _____

3. Business Address _____ Suite# _____ City _____ State _____ Zip _____

4. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

Email Address _____

5. Is property zoned? ☐ Residential ☐ Commercial ☐ Industrial

Full Detailed Description of Business _____

6. Are you an individual professional operating in a larger practice? ☐ Yes ☐ No

7. Gross Receipts in GA from this location for the calendar year prior to this application \$ _____

Gross Receipts in GA from this location for the year two calendar years prior to this application \$ _____

8. Date Business began in Cobb County _____

If a firm, answer questions 9-13. If an individual professional, please skip to question #13.

9. President/ Managing Member _____ SS# _____ DOB _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

10. Vice President/ Member _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

11. Secretary/ Member _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____

Home Phone () _____ Alternate Phone () _____

12. Treasurer/ Member _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone() _____ Alternate Phone () _____
13. Individual professional _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone() _____ Alternate Phone () _____
14. Person Completing Application _____ Title _____
Business Address _____ Apt# _____ City _____ State _____ Zip _____
Business Phone() _____ Email Address _____

If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 pounds gross weight used as transportation by the occupant may be parked at the residence.

I will comply with the Zoning
Restrictions stated above: _____
(initials)

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

Signature: _____

I, _____, affirm that the facts stated by me are true.

This _____ day of _____, 20____.

Signature of applicant _____
() Owner () Manager () Other specify _____

OFFICE USE ONLY:

Occ. Tax Cert. # _____

SIC Description _____ Category _____ BL STAFF _____

Due previous yr _____ Due for 2 yrs prior to current yr _____

Penalty _____ Interest _____ Total Due\$ _____ Receipt # _____

Method of payment: CASH / CHECK # Zoning Division _____ Approved/Denied
(circle one) (circle one)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____ [name of government entity], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires: